



DFPS REQUEST TO TJJD FOR ADDITIONAL INFORMATION

Purpose: DFPS uses this form to request additional information from the Texas Juvenile Justice Department (TJJD). The information is intended to assist DFPS in finding parents, relatives, or another appropriate placement that can safely care for the youth after the youth is released from TJJD custody.

Directions: The DFPS State Office TJJD liaison completes the *Youth's Information* section of this form within seven business days after receiving the *TJJD Request for DFPS Assistance for a Youth in TJJD Custody with Pending Release* (Form K-908-1908). The DFPS State Office TJJD liaison emails this form (Form K-908-1909) to the youth's TJJD case manager, whose contact information is included on Form K-908-1908.

The TJJD case manager completes the *Requested Information* section and emails the completed form back to the DFPS State Office TJJD liaison within seven business days of receiving the request for information.

YOUTH'S INFORMATION (COMPLETED BY DFPS)

First Name:	Middle Name:	Last Name:		
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number:		
TJJD Facility Address (Number and Street):	City:	County:	State:	Zip Code:
Anticipated Release Date:				

REQUESTED INFORMATION (COMPLETED BY TJJD)

What efforts has TJJD made to find and engage the youth's parents throughout the TJJD case, to provide re-engagement services, and to identify possible placements with relatives or kin? What were the results of these efforts? If TJJD rejected a placement, what was the reason?



REQUESTED INFORMATION (COMPLETED BY TJJD)

What are the factors that led to the request for DFPS assistance?

Was the youth detained for a sex offense? ☐ Yes ☐ No

If yes, describe any risk factors DFPS needs to be aware of:

What will be the conditions of parole (if any) when the youth is released from TJJD custody?



REQUESTED INFORMATION (COMPLETED BY TJJD)

Does the youth have a mental illness diagnosis? ☐ Yes ☐ No

If no, continue to the next box on this form.

If yes, complete the following questions:

What is the youth's mental illness diagnosis?

Has the youth completed the minimum length of stay? ☐ Yes ☐ No

Is a mental health discharge planned? ☐ Yes ☐ No

If yes, has TJJD completed the actions required in [TJJD GAP .380.8779](#)? ☐ Yes ☐ No

If the required actions have been completed, attach any documentation, reports, assessments, and so forth that were used and any results.

If the required actions have not been completed, please explain:

Explain why the youth's mental illness makes the youth unable to progress in TJJD's rehabilitation programs.

Is there any additional information that DFPS needs to be aware of about this youth that is especially helpful or can assist with identifying possible placements? (For example: history of fire setting, use or abuse of substances, aggressive behavior toward people, animals, or property, or media attention on the youth's case.)



REQUESTED INFORMATION (COMPLETED BY TJJD)

TJJD is required to give DFPS the following information at least 60 days before the youth's release from TJJD custody, or as soon as practicable:

- Anticipated release date (if the date listed on this form changes)
- Youth's birth certificate or verification of birth (if available)
- Current individual case plan
- Current transition plan
- Clinical information related to any trauma the youth has experienced in a TJJD placement
- Current medical information, including treatment needs
- Current school records, including education plans
- Most recent psychiatric or psychological evaluation (If psychological, it must have been completed within the last 12 months.)
- Notes from therapy or treatment
- Sexual Behavior Treatment Assessment ([TJJD GAP .380.8751](#))
- Information for DFPS to use in completing the [Application for Placement \(DFPS Form K-902-2087\)](#)